MAXIMUS Federal Services

Case Number:	CM14-0061548		
Date Assigned:	07/09/2014	Date of Injury:	03/14/2012
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of March 14, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic low back pain which radiates to his lower extremities rated at 5-6/10. Physical examination findings were not included in the records for review. Treatment to date has included a oral medications, acupuncture treatments, chiropractic treatments, physical therapy epidural steroid injections. Utilization review from April 25, 2014 denied the request for Ibuprofen because documentation lacked sufficient objective information to establish medical necessity of continuation of its use. The same review denied the request for Lidopro because according to the guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. It further states that indications for the use of lidocaine as a topical analgesic is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (to include tricyclic or antidepressants or an AED such as gabapentin or Lyrica). Patient has not been documented as having utilized either of these medications. The same review also denied the request for Omeprazole because there are no indications that the patient has any gastrointestinal issues from medication use or from an independent condition. The omeprazole is not for prophylactic use either. The review also denied the request for Tramadol because it was not indicated in the prescription how long the patient would be taking this medication. Tramadol is used to produce symptom relief and improve function for a time period of up to 3 months but the benefits were small. There are no long-term studies to allow for recommendations for longer than 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 2009, NSAIDS, pages 22, 46 and 72 Page(s): 22 46 AND 72. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), NSAIDs.

Decision rationale: As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines state that ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, there is no documentation to evidence how long the patient has been taking Ibuprofen. As mentioned, prescription of Ibuprofen 800mg is not recommended, as it has not provided greater relief of pain. Medical records submitted for review also failed to show objective evidence of functional improvement derived from NSAID use. Therefore, the request for Ibuprofen 800mg QTY: 100 is not medically necessary.

Lidopro Ointment 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Topical Analgesics, page 111-113 Page(s): 111-113. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond

or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, there is no documentation to show that patient has been using Lidopro before this request. Furthermore, there is no evidence that mentions any prior use of first line therapy (such as tricyclic or antidepressants or an AED such as gabapentin or Lyrica) before requesting for topical analgesic therapy. The requested medication also contains components, i.e., lidocaine and capsaicin in 0.0325% formulation, that are not recommended for topical use. Therefore, the request for Lidopro Ointment 4 oz was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Chronic Pain Medical Treatment Guideline, NSAIDS, GI Symptoms and Cardiovascular Risk, page 68 Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, it was not indicated if the patient was having an intermediate risk for gastrointestinal events or any gastrointestinal disorder. There is also no documentation to show that the patient has complained of any gastrointestinal-related sign or symptom. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Tramadol (Ultram), page(s) 93-94, 113 Page(s): 93-94 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been prescribed Tramadol for treatment of his chronic low back pain. However, documentation is lacking on when Tramadol was started and how frequent it was taken in a day. There was also no documented evidence of pain relief and functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management.

Medical necessity has not been established. Therefore, the request for Tramadol 50mg #90 is not medically necessary.